

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 1 5

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

June 11, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.110

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-  
b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Please see attached listing

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Please see attached listing

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to remove the prior authorization for occupational, physical and speech therapy for eligible Medicaid recipients under age 21.

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

June 11, 2001

16. RETURN TO:

Division of Medical Services  
P. O. Box 1437  
Little Rock, AR 72203-1437Attention: Binnie Alberius  
Slot 1103

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

June 15, 2001

18. DATE APPROVED

August 3, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

June 11, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Calvin G. Johnson

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

RECEIVED

**ATTACHED LISTING FOR  
ARKANSAS STATE PLAN  
TRANSMITTAL #2001-015**

<b>8. Number of the Plan Section or Attachment</b>	<b>9. Number of the Superseded Plan Section or Attachment</b>
Attachment 3.1-A, Page 1o	Attachment 3.1-A, Page 1o Approved 09-27-99, TN 99-14
Attachment 3.1-A, Page 1p	Attachment 3.1-A, Page 1p Approved 09-27-99, TN 99-14
Attachment 3.1-A, Page 3d	Attachment 3.1-A, Page 3d Approved 09-27-99, TN 99-14
Attachment 3.1-A, Page 4a	Attachment 3.1-A, Page 4a Approved 09-27-99, TN 99-14
Attachment 3.1-A, Page 6a	Attachment 3.1-A, Page 6a Approved 02-01-00, TN 99-27
Attachment 3.1-B, Page 2n	Attachment 3.1-B, Page 2n Approved 09-27-99, TN 99-14
Attachment 3.1-B, Page 2o	Attachment 3.1-B, Page 2o Approved 09-27-99, TN 99-14
Attachment 3.1-B, Page 3f	Attachment 3.1-B, Page 3f Approved 09-27-99, TN 99-14
Attachment 3.1-B, Page 4b	Attachment 3.1-B, Page 4b Approved 09-27-99, TN 99-14
Attachment 3.1-B, Page 5d	Attachment 3.1-B, Page 5d Approved 02-01-00, TN 99-27

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 10

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: June 11, 2001

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) RESERVED

(15) Physical Therapy and Related Services

a. Physical Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.
- (3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- (4) Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Extensions of the benefit limit will be provided if medically necessary.

SUPERSEDES: TN- AR-99-14

STATE <u>Arkansas</u>	A
DATE REC'D <u>06-15-01</u>	
DATE APPV'D <u>08-03-01</u>	
DATE EFF <u>06-11-01</u>	
HCFA 179 <u>AR-01-15</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 1p

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised:

June 11, 2001

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.  
(Continued)

(15) Physical Therapy and Related Services (Continued)

b. Occupational Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.
- (3) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after October 1, 1999, individual and group occupational therapy are limited to four (4) units per day. One unit equals 15 minutes. Extensions of benefit limit will be provided if medically necessary.

c. Services for individuals with speech, hearing and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

- (1) Speech language pathology services are limited to Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Speech pathology services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.
- (3) Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One (1) unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after October 1, 1999, individual and group speech language pathology services are limited to four (4) units per day. One unit equals 15 minutes. Extension of the benefit limit will be provided if medically necessary.

Individuals residing in hospitals and nursing care facilities are not eligible for occupational therapy, physical therapy and speech pathology services under the optional therapy program. These services are included as part of the institutional package of services.

Individuals residing in residential care facilities and supervised living facilities are eligible for these therapy services when provided on or off site from the facility.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 4a

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: June 11, 2001

CATEGORICALLY NEEDY

9. Clinic Services

(1) Developmental Day Treatment Clinic Services (DDTCS)

Limited to comprehensive day treatment centers offering the following scope of services:

- a. Diagnosis and evaluation
- b. Habilitative training
- c. Provision of noon meal

Core services are provided at three separate levels of care:

- a. Early Intervention - 1 encounter per day; ages birth to school age.
- b. Pre-School - 5 units per day, 1 hour each; ages birth to school age.
- c. Adult Development - 5 units per day, 1 hour each; ages 18 or above.

Optional Services available through DDTCS in conjunction with core services are as follows:

- a. Physical therapy - Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- b. Speech therapy - Services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.
- c. Occupational therapy - Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.

Effective for dates of services on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

SUPERSEDES: TN- AR-99-14

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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ATTACHMENT 3.1-A  
Page 3d

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: June 11, 2001

CATEGORICALLY NEEDY

7. Home Health Services (Continued)

- 7.d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after October 1, 1999, individual and group physical therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

8. Private Duty Nursing Services

Services are covered only for ventilator-dependent recipients when determined medically necessary and prescribed by a physician. Services are provided in the recipient's home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.) Prior authorization is required. Private duty nursing medical supplies are limited to a maximum reimbursement of \$80.00 per month, per recipient. With substantiation, the maximum reimbursement may be extended.

Refer to Attachment 3.1-A, Item 4.b.(5) for information on coverage of private duty nursing services for high technology non-ventilator dependent recipients in the Child Health Services (EPSDT) Program.

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ATTACHMENT 3.1-A  
Page 6a

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised:

June 11, 2001

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

b. Screening services - Not Provided.

c. Preventive services - Not Provided.

d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

a. Acute Outpatient Services

- Diagnosis
- Diagnosis - Psychological Test/Evaluation
- Diagnosis - Psychological Testing Battery
- Treatment Plan
- Interpretation of Diagnosis
- Diagnosis - Speech Evaluation
- Individual Outpatient - Therapy Session\*\*
- Marital/Family Therapy
- Individual Outpatient - Speech Therapy\*
- Group Outpatient - Group Therapy\*\*
- Group Outpatient - Medication Maintenance
- Group Outpatient - Speech Therapy\*

\* Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

\*\* Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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ATTACHMENT 3.1-B  
Page 2n

AMOUNT, DURATION AND SCOPE OF  
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MEDICALLY NEEDY

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MEDICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.  
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ATTACHMENT 3.1-B  
Page 5d

AMOUNT, DURATION AND SCOPE OF  
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\*\* Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

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